

KIRITMATI URBAN COUNCIL

BUSINESS LICENCE  
NEW/RENEWAL APPLICATION

BUBUTI TE BITINITI RAITIENTI NI KARIKIRAKE

I/Ti bubuti te bitiniti raitinti ni karikirake iaon au/ara karikirake aika /ae boou are I/Ti tauraoi ni waaki iaona imwiin tian reken ara/au raitinti inanon te ririki aei ..... n aron akana a oti inano:-

Te karikirake	Te tabo
1. ....	.....
2. ....	.....
3. ....	.....
4. ....	.....
5. ....	.....
6. ....	.....
7. ....	.....
8. ....	.....
9. ....	.....
10. ....	.....
11. ....	.....
12. ....	.....
13. ....	.....

Kam rabwa

Ngai/Ngaira: .....

Tiaina: ..... Bongin namwakaina: .....

NB: Rairia ibukin itera tabeua iaan karikirake ake a kainnanao kaitiakaia mai iroun te Police,Commerce,Environment, Fisheries ao te Health. Uringnga ba aaki kona ni kariaiakaki ake aki karaoa te mwakuri n tutuo mai irouia rabwata aikai.

LONDON POLICE STATION

To: Licensing Officer  
Kiritimati Urban Council

MOTOR VEHICLE AND MOTOR CYCLE EXAMINATION FORM

I certify that I have inspect and checked Motor vehicle/cycle registration No. .... owned by ..... and satisfied that passed the road worthiness.

.....  
Examiner

.....  
Commerce office Kiritimati

Registration of Business name.

I kakoaua ..... e a tia n register aran ana bitiniti ae ..... man te Ministry of Commerce, Industry & Cooperatives.

Cargo monitoring (Wholesale/Retail)

E kariaia naba ba e na katauraoi mwiin mwaitin ana kaako (Grains only) ngkana e kainanoaki man aobitin te commerce n akea te kewe ke karabakin te mwaiti.

Signed: ..... Title: ..... Date: .....

.....  
ENVIRONMENT

Development Consent .....subject to the following conditions:

Signed: ..... Title: ..... Date: .....

.....  
Ministry of Health

FOOD INSPECTION CERTIFICATE

Imwin au tutuo ao I kakoaua ba e raoiroi mwengana ibukin te karikirake, a tau mwaitin ana bwai n amwarake, ao ana bwai ni mwakuri ake e kabonganai ao e raroa te o-ni-beeki mani mwengana.E kauringaki ba e na manga riai n tuoaki imwiin 6 namwakaina,ngkana e aki tutuo ao e tabuaki ni waakina ana karikirake.

Date: ..... Health Inspector: .....

I kakoaua ba I a tia n tuoao akea te aoraki irouna.I kakoaua ba akea bwain aoraki ao aoraki aika ewewe inanon mwengan te Tia Karikirake.

Date: ..... Nursing Officer: .....

I kakoaua ba akea te aoraki ae ewewe iroun te Tia Karikirake ao e marurung.

Te Tia Karikirake: .....

Taan katauraaoa/touatina te amwarake: .....

Ana karikirake: .....

Ana tabo ni karikirake: .....

Korakorān te beeba aio: .....

Date: ..... District Medical Officer: .....

**A riai amwarake nikabane ake a kaboaki nakoia aomata bwa ana riai ni iai niiraia ke rabunaia.**